



Welcome!
Drug and Alcohol Services
Client Handbook





SLO County Drug & Alcohol Services Application for Services

Client Name		Date of Birth		Age	Gender
Street Address		City		State:	Zip
Mailing Address (if different than above)		City		State	Zip
Home Phone		Cell Phone	Work Phone		Email Address
Social Security No.		Driver's License No.		Driver's License State	
Full name as it appears on your birth certificate				Mother's <u>FIRST</u> name	
BIRTHPLACE	IF CALIF. which COUNTY?		If NOT CALIF. which STATE?		If NOT USA which COUNTRY?
CHILDREN	Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Due Date:		*Number of children 0 - 5 years		Number of children 6 - 17 years
	Names and Ages of children under 18				
Are the children in your care/custody? Yes <input type="checkbox"/> No <input type="checkbox"/> Which children are not in your care, if any?			Are they in the care of a relative or in foster care? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you had or do you have an open CWS case? Yes <input type="checkbox"/> No <input type="checkbox"/>		
PRIMARY LANGUAGE	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	<input type="checkbox"/> Other (specify)		
MARITAL STATUS	Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>				
ETHNICITY <i>choose up to 5</i>	White <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Cambodian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other Race <input type="checkbox"/>				
SCHOOL	High School <input type="checkbox"/> College <input type="checkbox"/> Highest Year Completed			Current School Name	
MILITARY	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Have Veteran Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>				
WORK	Employed full-time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the labor force <input type="checkbox"/> (35 hours or more) (Less than 35 hrs) (Looking for work) (Not looking for work) (Not seeking work)				
INCOME	Do you have Medi-Cal? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a CalWorks Participant? Yes <input type="checkbox"/> No <input type="checkbox"/>		Your approximate monthly income? \$ Number of Days you were paid for working in the last 30 days?
DISABILITY <i>Can choose more than 1</i>	None <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Mobility <input type="checkbox"/> Mental <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Other (not drug or alcohol) <input type="checkbox"/>				
EMERGENCY INFORMATION	Person to notify in case of an emergency Name Phone Number:			Relationship to you	
REFERRAL INFO	Referred by (Court/Agency/Person)		Have you been seen by us before? Yes <input type="checkbox"/> No <input type="checkbox"/> How long ago? _____		
LEGAL	Probation Officer Name		Court Case #	CDC #	Parole Officer Name

SERVICE AUTHORIZATION: I, the undersigned, am agreeing to drug and alcohol services and give my consent to the staff of San Luis Obispo County Drug and Alcohol Services to administer such screening, assessment, and services as considered therapeutically necessary and/or desirable. All procedures, including observed urinalysis for drug of abuse, patching, and breathalyzer, are to be discussed with me and I am free to decline or withdraw from services at any time. I expect to receive quality, professional care and understand that there is no guarantee that desired results will be obtained. I will be given recommendations, which may include referral to other services including: residential placement, detoxification services, employment and educational services, and other services as deemed necessary.

I understand that San Luis Obispo County Drug and Alcohol Services will maintain a record of my service contacts as required by law. Law protects the confidentiality of these records and no information that might identify me will be released without my specific written consent. Exceptions to this confidentiality are: medical emergencies, a judge's order to release information to a court, unreported abuses of a child, dependent adult or elder, or in the event that I am of danger to myself or others.

Client Signature _____ Date _____

Witness/Parent, when needed _____ Date _____ Client Number _____

SLO County Drug & Alcohol Services Health Questionnaire



Acuity Check List

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have current, severe and/or untreated health problems?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel that you are at risk for hurting yourself or someone else?
<input type="checkbox"/>	<input type="checkbox"/>	Are you being hurt by someone else or at risk of being hurt?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under the influence of alcohol and or drugs (including narcotic prescriptions)?

General Health Information

1. Date you last saw a doctor?	2. What was the purpose of the visit?	3. Date of your last physical?
*4. Med-2 How many times have you visited an Emergency Room in the past 30 days? _____		
*5. Med-3 How many days in past 30 have you stayed overnight in a hospital for physical health problems? _____		
*6. Med-4 How many days in the past 30 have you experienced physical health problems? _____		
7. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what: _____		
8. Head injury that resulted in loss of consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of injury: _____ If Yes give Details: _____		
9. History of any other illness that may require frequent medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No Give Details: _____		
10. Are there any health concerns you currently have? _____		
*11. Med-5 Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your due date? _____	Date of last menstruation? _____
12. Allergic to anything? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what? _____		
13a. List ANY medications you are currently taking: INCLUDE-<u>psychiatric medications</u>, <u>Vitamins</u>, and <u>over-the-counter medications</u> such as Ibuprophen, Tylenol, Aspirin, Tums, Pepto Bismol, etc. • • •		
13b Who is the prescribing doctor(s)? _____		
*14. Med-7 Were medications prescribed by Drug and Alcohol Services as a part of your treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Communicable Diseases

15a. Have you ever been tested for TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last TB Test or last chest X-ray: _____
*15b. Med-8 Have you ever had a positive TB Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*16. Med-9 Have you been diagnosed with Hepatitis C? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been tested for any another liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last test: _____	Specify: _____
*17. Med-10 Have you been diagnosed with a Sexually Transmitted Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you get treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last test: _____		
*18a. Med-11 Have you been TESTED for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*18b Med-12 Did you receive results of the test? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last HIV Test: _____		
19. Have you EVER <input type="checkbox"/> Injected drugs? <input type="checkbox"/> Shared needles? <input type="checkbox"/> Shared cottons? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES check all that apply.		
*20a. ADU 10- How many days in the past 30 have you injected drugs? _____ Last time injecting: _____		
20b. Have you EVER used the SLO County Needle Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mental Health Questions

*21. MHD-1 Have you ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No What type Treatment? <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient Were you treated? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the diagnosis? _____
*MHD-2 How many times in the past 30 days have you received outpatient emergency services for mental health needs? _____
*MHD-3 How many days in the past 30 days have you stayed 24 hours or more in a hospital or psychiatric facility for mental health needs? _____
*MHD-4 In the past 30 days, have you taken prescribed medication for mental health needs, <u>including medication for anxiety</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list on question 13a.
22a. Past suicide attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No How many attempts? _____
22b. Date of most recent attempt: _____

Client Name:

Client Number:

OVER

Medical Alcohol and Other Drugs23. Are you in withdrawal today? ☐ Yes ☐ No If Yes, from what substance(s)?24. Seizures, epilepsy, delirium tremens or convulsions? ☐ Yes ☐ No Date of last seizure:

If yes give details:

25. Do you have frequent blackouts? ☐ Yes ☐ No How frequently?26. Are you currently smoking marijuana? ☐ Yes ☐ No Medical Marijuana Card? ☐ Yes ☐ No27. Have you ever overdosed? ☐ Yes ☐ No If Yes on What?
When?**General Screening**28. Do you have excessive heartburn or abdominal pains? ☐ Yes ☐ No29. Do you currently have: Asthma? ☐ Yes ☐ NoEmphysema? ☐ Yes ☐ NoChronic bronchitis? ☐ Yes ☐ No30. Do you have back pain? ☐ Yes ☐ No31. Do you get dizzy or faint? ☐ Yes ☐ No32. Have you had a stroke? ☐ Yes ☐ No If yes give details:33. Have you been diagnosed with diabetes? ☐ Yes ☐ No34. Have you had heart attack/chest pain or any problem associated with the heart? ☐ Yes ☐ No Date: of Heart Attack:
Give details:35. Do you have high blood pressure? ☐ Yes ☐ No Low blood pressure ☐ Yes ☐ No36. Would you like a dental referral? ☐ Yes ☐ No37. Do you have bleeding problems? ☐ Yes ☐ No**The medical staff recommends you:*****receive a yearly physical exam that includes lab tests. Referral to Community Health Centers.*****receive a TB test every year if at risk (been in jail, or other exposure).**

To the best of my knowledge the above information is accurate and true:

Client Signature:

Date:

*******Staff Only Below*********As the Drug and Alcohol Services Medical Staff, I have reviewed this form and recommend the client:**☐ Needs Medical Evaluation before entrance to program☐ HIV and or Hep C Test if at risk or for 6 month window☐ Pregnancy Test☐ Prenatal Care☐ Counseled on signs/symptoms of withdrawal☐ Referred for Detox _____☐ Other _____**Recommendations were provided to client:**☐ Discussed with client in person.☐ Mailed to client (copy to chart).☐ Given to specialist (counselor) to be discussed with client.☐ **No additional referral needed at this time.**

Medical Staff Signature:

Date:

Client Name: _____ Client Number: _____

Receipt of Client Handbook

In my client handbook, I have received a copy of the following:

- 1: Privacy Practices - I hereby acknowledge that I received a copy of County of San Luis Obispo Drug and Alcohol Service's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the lobby area, and that I will be offered a copy of any amended Notice of Privacy Practices at my appointment.

If not signed by the client, please indicate:

Relationship:

- ☐ Parent or guardian of minor patient
- ☐ Guardian or conservator of an incompetent patient
- ☐ Beneficiary or personal representative of deceased patient

- 2: Client's Rights and Grievance Procedures. This is also posted in the lobby area.
- 3: HIV/AIDS, Hepatitis C, and TB Information sheet. Phone numbers included for testing and referrals.
- 4: Information on drug testing including:
 - Drug testing guidelines.
 - Medications or Substances that may test positive on your drug screen.
 - What over-the-counter medications okay to take while drug testing.
- 5: A copy of my treatment program contract (if needed). ***I have read, understand, consent and agree to abide by the terms and conditions of my Treatment Program Contract.***

Client Signature: _____ Date: _____

Client Name: _____ Client Number: _____

Drug and Alcohol Services Client Handbook

Welcome to Drug and Alcohol Services! Our primary goal is to promote safe, healthy, responsible, and informed choices concerning alcohol, and other drugs. We have many programs that range from prevention of drug and alcohol use to treatment of chemical dependency. We hope to provide a program that fits your unique and specific needs.

You will have the opportunity to meet with a specialist (counselor) to discuss your goals, needs, and requirements. You are provided this Client Handbook that will also answer some of your questions.

All programs at Drug and Alcohol Services are **confidential**. Confidentiality means the information you share is protected by law and will only be shared with the parties you have requested. *It is absolutely imperative and a legal necessity that **all** client names and information are kept private.*

San Luis Obispo Clinic 2180 Johnson Avenue SLO, CA 93401 805-781-4275 Drug Testing Color Code SLO: 805-788-2902 Testing Hours 3:00-5:45 PM	Arroyo Grande Clinic 1106 Grand Avenue AG, CA 93420 805-473-7080 Drug Testing Color Code AG: 805-474-7472 Testing Hours 3:00-5:45 PM	Atascadero Clinic 3556 El Camino Real, AT, CA 93422 805-461-6080 Drug Testing Color Code Atas: 805-461-6154 Testing Hours 3:00-5:45 PM
--	--	--

My primary Counselor is: _____ Phone _____.

My Color for Testing is: _____ at clinic: SLO AG ATAS

My first Appointment is: _____.

Drug and Alcohol Free Zone

San Luis Obispo County Drug and Alcohol Services is a **Drug and Alcohol Free Zone**.

- Alcohol or other drug use is not permitted. This includes all tobacco products (cigarettes, cigars or chewing tobacco).
- Smoking or chewing tobacco is not permitted in the immediate area of the building, but is permitted, *by adults*, in private vehicles and on public sidewalks.



Client's Rights & Grievance Procedure

Services are offered without discrimination by race, religion, color, national origin, ancestry, physical or mental disabilities, medical condition, marital status, age, sex, sexual preference or ability to pay. All treatment procedures will be discussed with clients and clients are free to withdraw from services at any time. Federal Law (CFR42) protects confidentiality of services at this facility and no information that will identify a client will be released without client's specific written consent. *Exceptions to this confidentiality are: medical emergencies, a judge's order to release the information, suspected abuse of a child, dependent adult or elder, or in the event that a client is of danger to self or someone else.*

Each Medi-Cal beneficiary has the right to a fair hearing related to denial, termination or reduction of Drug Medi-Cal services. Procedures outlined in Title 22, California Code of Regulations, Sections 50951 and 51014.1; Welfare and Institutions Code, Sections 10951 through 10965; and the Department of Social Services (DSS) Manual of Policy and Procedures, this organization, the Utilization Review Committee, and the beneficiary will follow Chapter 22.

Access to treatment files is in accordance with Executive Order #B-22/76. The drug treatment program will comply with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and California Government Code Section 11135, et seq.

Client Rights: During participation in the program, the client has the right to the following:

1. Be provided with a clean environment free from health and safety hazards.
2. Be free from humiliation, intimidation, ridicule, coercion, threats, or physical or verbal abuse from program staff or other program participants.
3. Have program rules, requirements, fees and payment schedules explained.
4. File a written grievance with the Program Supervisor pursuant to the following procedures.

Grievance Procedures: the specialist assigned to your case can handle most questions, comments or complaints. **However, in the case where satisfactory resolution is not obtained:**

1. **Written Grievance:** A client has the right to appeal any program decision by expressing his/her concerns in writing within five (5) working days of that decision. This written request for consideration must contain a statement of the program decision being appealed, the name of the participant, the date of the decision, and the participant's basis of appeal.
2. **Submission of Grievance to the Program Supervisor:** The client must submit the above-described written appeal within five (5) days of the decision in question to the Program Supervisor. The Program Supervisor, or his/her designee if the Program Supervisor is on leave during this period, shall respond in writing to the client within fifteen (15) working days of receipt of complaint.
3. **Submission of Grievance to the Division Manager:** If the client is not satisfied with the response received from the Program Supervisor, the participant may send the written grievance to the Division Manager or within five (5) working days of the receipt of the response from the Program Supervisor. The Division Manager or his/her designee in turn must respond in writing to the client within fifteen (15) working days.

Address: Division Manager at 2180 Johnson Avenue, San Luis Obispo, CA 93401

Grievances regarding any action, complaints or appeals may also be addressed to the State Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Third Floor, Sacramento, CA 95814. Phone: (916) 322-2911 or call 1-800-743-8525 or T.D. 1-800-952-8349. Program rules and regulations are in compliance with State of California Alcohol and other Drug Programs Certification Standards.

Notice of Privacy Practices

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review carefully.

General Information

Information regarding your health care, including payment for health care, is protected by Federal Laws **and State Laws**: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 **Additional Laws pertaining to HA operations for Mental health, Public Health and CMSP**. Under these laws, County of San Luis Obispo **Health Agency (“SLO-HA”)** may not say to a person outside **SLO-HA** that you **receive services**, (*nor may SLO-HA disclose any information identifying you as an alcohol or drug abuser,*) or disclose any other protected information except as permitted by federal and state law.

In general, **SLO-HA** must first obtain your written consent before it can disclose information about you for payment purposes. For example, **SLO-HA** must obtain your written consent before it can disclose information to MediCal in order to be paid for services. Generally, you must also sign a written consent before **SLO-HA** can share information for treatment purposes or for health care operations. However, federal and state law permits **SLO-HA** to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on **SLO-HA’s** premises or against **SLO-HA** personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order;
7. To appropriate authorities to report suspected dependant adult abuse or neglect.

SLO-HA can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place. (For example, SLO DAS has a qualified service organization/business associate agreement in place with the San Luis Obispo County Probation Department to facilitate collection of delinquent client debts.)

Before SLO-HA can use or disclose any information about your health in a manner, which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. SLO-HA is not required to agree to any restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. SLO-HA will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by SLO-HA, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

HIV, Hep C and TB Information & Referrals

What is AIDS?

Acquired Immune Deficiency Syndrome is caused by a virus called HIV (Human Immunodeficiency Virus). The virus can destroy the body's ability to fight off infection. The person may then get sick and not be able to get well again.

How do you get HIV?

Participating in high risk behaviors such as: unprotected sex—vaginal/anal/oral, needle sharing—tattoo needles included; having sex with someone who does the above; exchanging sex for money or drugs. Having a sexually transmitted disease may put you at increased risk for contracting HIV. The virus can pass from mother to baby.

How can you find out if you have HIV?

There is a special test called the HIV antibody test. If the test result is "Positive," it shows that you are infected with HIV. It does not tell you if you have AIDS. You need to see a doctor to find that out. If the test is "Negative," it means you either have not been infected or not enough time has passed to show the infection (6 months).

What is Hepatitis C?

Hepatitis C is a liver disease caused by the Hepatitis C virus, which is found in the blood of persons who have this disease. Hepatitis C is serious for some persons, but not for others. Most people who get Hepatitis C carry the virus for the rest of their lives.

How Do You Get Hepatitis C?

Hepatitis C is spread by contact with an infected person's blood. Examples of this include: sharing drug injection equipment (including things other than the syringe); having received a blood transfusion prior to 1992; having multiple sexual partners; and possibly sharing razors, toothbrushes, tattoo and piercing equipment.

How Do Know if You Have Hepatitis C?

Many persons with long-term Hepatitis C have no symptoms and feel well. For some persons, the most common symptom is extreme tiredness. The only way to know if you've been infected is to have a blood test that looks specifically for the Hepatitis C virus.

What is TB?

"TB" is short for a disease called *Tuberculosis*. The TB germ is spread from person to person through the air. If someone coughs, sneezes, laughs, or shouts the germs are put into the air and people nearby can breathe TB germs into their lungs.

Who gets TB?

Anyone can get TB, but substance users and people who have AIDS are at higher risk. Living in an environment with a lot of other people or being homeless also increases the chances of being exposed to TB.

How do you know if you have TB?

A skin test is the only way to tell if you have been exposed to TB. A chest X-ray can tell if there is damage to your lungs from TB disease. Having the disease can cause symptoms such as weakness, weight and/or appetite loss, high fever, or sweating a lot at night. If you have ever had any of these symptoms please tell your doctor.

Resources

There are options in SLO County for HIV, Hep C, and TB testing. If you have a primary physician, you may want to discuss options with them. Below are a few of the community resources:

- SLO County Public Health Department (testing by appt.) 805-781-5500
- EOC Clinical Services (testing, pregnancy, contraception, & other) 805-544-2478
- Community Health Centers (most medical needs)

South County: 805-481-7220 **San Luis:** 805-269-1500 **North County:** 805-792-1400

Under HIPAA you also have the right, with some exceptions, to amend health care information contained in ***SLO-HA's*** records, and to request and receive an accounting of disclosures of your health related information made by ***SLO-HA*** during the six years prior to your request. You also have the right to receive a paper copy of this notice.

SLO-HA Duties

SLO DAS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. ***SLO DAS*** is required by law to abide by the terms of this notice. ***SLO DAS*** reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. We will keep a copy of the current notice posted in our lobby area, and will offer you a copy of the amended privacy notice at your appointment.

Complaints and Reporting Violations

You may complain to ***SLO DAS*** and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Complaints should be directed to our Privacy Officer:

Colin Quennell – Privacy Officer
Drug and Alcohol Services
County of San Luis Obispo
2180 Johnson Avenue
San Luis Obispo, CA 93401
805-788-2057

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

For further information, contact Colin Quennell, Privacy Officer, (805) 788-2057.

Effective Date

Effective date of this notice of privacy practices is April 14, 2003.

Drug and Alcohol Services Testing Guidelines

Color Code Testing Instructions and Information:

1. Monday – Saturday morning (**not Sunday**) call the Drug and Alcohol Services facility you have been **assigned** to and listen to the recorded message. (SLO: 788-2902 AG: 474-7472 ATAS: 461-6154)
2. If your assigned color is called you must go to your assigned testing facility between the hours of 3:00-5:45 pm. **Please bring a photo I.D. with you.**
3. If taking prescribed medication, **ALWAYS** bring any prescription medication bottles or a copy of your prescription to your counselor for placement in your records.
4. **Refusing to test or failure to appear for testing can be considered a positive drug test.** Using a “cheating device” can result in termination from the program.
5. **Dilute Urinalysis is considered a compromised drug test.** A dilute test could occur from water loading (drinking lots of water before you test) or taking a detoxifying/cleaning derivative.

Prescription Medications & Over the Counter Medications

- It is your responsibility to know if your medication will test positive!!!
- Except in the case of emergency, always discuss medications you will take with you counselor *before* you take them.

Medications or substances that may test positive. Please review with counselor.

Narcotics: Opiates for pain, some cough syrups

Alcohol: such as Nyquil, wine in cooking, non-alcoholic drinks (such as O’Doul’s and others)

Stimulants: diet pills, many ADHD medications

Barbiturates: often ends in “barbital”

Benzodiazepines: used for anxiety, often ends in “am”

Pseudoephedrine/ephedrine: such as Sudafed

Tea or Herb containing ephedra

Anything containing poppy seeds may test positive for opiates!

Over-the-Counter medications that are okay to take:

For a Cold

Chloraceptic
Chlortrimeton tablets
Delsym Liquid

Hall’s Metho-Lyptus
Mediquell Squares
Naldecon Senior DX/EX

Robitussin Calmers
Suctrets

Vicks Cough Disks
Vicks Lozenges/Silencers

For Pain

Acetaminophen
Advil
Alka Seltzer
Aleve (Naproxyn Sodium)
Anacin

Ascriptin
Aspirin
Bufferin
Ecotrin
Empirin

Empirin
Excedrin
Ibuprofen
Midol
Nuprin/Motrin

Pamprin
Tylenol (Acetaminophen)

For Stomach Problems.

Amphogel Tablets
Camalox
Correctol Tablets
Colace
Digel
Dulcolax
Docusate
Emetrol

Ex-Lax
Fleets Enema
Fibermed
Gas-X
Gaviscon
Gelusil
Imodium A-D
Kaopectate

Milk of Magnesia
Maalox
Mylicon
Mitrolan
Mylanta/Tagamet
Pepto Bismol
Pepcid
Peri-Colace

Perdiem Granules
Rolaids
Riopan
Senokot
Surfak
Zantec

For Toothache/Cold Sore

Ambesol
Benzocaine
Benzodent
Blistex

Campho-Phenique
Carmex
Gly Oxide
Herpecin - L

Kank-Aid
Oil of Clove
Orabase
Orajel

Orasept
Polaris Poultice

Remember, when in doubt.....don’t take it!!!